

Oct. 17 08 11:26a

Michael P. Fortkort

703-435-8857

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PTO/SN/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2009

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1740.00

## Complete if Known

Application Number	10/644,891
Filing Date	August 20, 2003
First Named Inventor	Steven M.H. Wallman
Examiner Name	Ms. Ann E. Loftus
Art Unit	3692
Attorney Docket No.	1061/6

## METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3776 Deposit Account Name: MICHAEL P FORTKORT PC				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	330	165	540	270	220	110
Design	220	110	100	50	140	70
Plant	220	110	330	165	170	85
Reissue	330	165	540	270	650	325
Provisional	220	110	0	0	0	0

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

## Small Entity

## Fee (\$)

52

26

Each independent claim over 3 (including Reissues)

220

110

Multiple dependent claims

390

195

## Total Claims

## Extra Claims

## Fee (\$)

## Fee Paid (\$)

## Multiple Dependent Claims

## Fee (\$)

## Fee Paid (\$)

$$- 20 \text{ or HP} = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

HP = highest number of total claims paid for, if greater than 20.

$$\text{Indep. Claims} \quad \text{Extra Claims} \quad \text{Fee ($)} \quad \text{Fee Paid ($)}$$

$$5 - 3 \text{ or HP} = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

HP = highest number of independent claims paid for, if greater than 3.

440.00

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

$$\text{Total Sheets} \quad \text{Extra Sheets} \quad \text{Number of each additional 50 or fraction thereof} \quad \text{Fee ($)} \quad \text{Fee Paid ($)}$$

$$- 100 = \underline{\hspace{2cm}} / 50 = \underline{\hspace{2cm}} (\text{round up to a whole number}) \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination (RCE) Fee + 2 Month Extension

Fee Paid (\$)

1300.00

## SUBMITTED BY

Signature

Michael P. Fortkort

Registration No.  
(Attorney/Agent) 35,141

Telephone 703-435-9390

Name (Print/Type)

Date October 17, 2008

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Michael P. Fortkort

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OCT 17 2008

PTO/SB/17 (10-08)

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**Effective on 12/08/2004.  
FEE TRANSMITTAL  
For FY 2009**

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

 Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 1740.00**Complete if Known**

Application Number	10/644,891
Filing Date	August 20, 2003
First Named Inventor	Steven M.H. Wallman
Examiner Name	Ms. Ann E. Loftus
Art Unit	3692
Attorney Docket No.	1061/6

**METHOD OF PAYMENT (check all that apply)** Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_ Deposit Account Deposit Account Number: 50-3776 Deposit Account Name: MICHAEL P FORTKORT PC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
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**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

**Small Entity****Fee (\$)**

52 26

Each independent claim over 3 (including Reissues)

220 110

Multiple dependent claims

390 195

**Total Claims****Extra Claims****Fee (\$)****Fee Paid (\$)****Multiple Dependent Claims****Fee (\$)****Fee Paid (\$)**- 20 or HP =  x  = 

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

5 - 3 or HP = 2 x 220 = 440.00

HI = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 100 =	/ 50 =	(round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination (RCE) Fee + 2 Month Extension

**Fees Paid (\$)**

1300.00

**SUBMITTED BY**

Signature

Registration No.  
(Attorney/Agent) 35,141

Telephone 703-435-9390

Name (Print/Type) Michael P. Fortkort

Date October 17, 2008

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## FEE TRANSMITTAL For FY 2009

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\\$)</b>	<b>1740.00</b>

**Complete if Known**

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Filing Date	August 20, 2003
First Named Inventor	Steven M.H. Wallman
Examiner Name	Ms. Ann E. Loftus
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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>	
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110
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**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
	- 20 or HP =	x	=			
					52	26
					220	110
					390	195

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
5	- 3 or HP =	2	220	=	410.00	

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

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<b>4. OTHER FEE(S)</b>	<b>Fees Paid (\$)</b>
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): Request for Continued Examination (RCE) Fee + 2 Month Extension	1300.00

**SUBMITTED BY**

<b>Signature</b>		<b>Registration No.</b>	35,141	<b>Telephone</b>	703-435-9390
Name (Print/Type)	Michael P. Fortkort			Date	October 17, 2008

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